

# NC-TOPPS Mental Health and Substance Abuse

## Adult (Ages 18 and up)

## Initial Interview

Use this form for backup only. *Do not mail.* Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topp>)

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

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Please provide the following information about the individual:

1. Date of Birth

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2. County of Residence:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Gender

☐ Male ☐ Female

4. Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Abuse, age 18 and up

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

5. Assessments of Functioning

a. Current Global Assessment of Functioning (GAF) Score

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6. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

7. For Female Adult SA individual:

Is this consumer being admitted to a Maternal/Pregnant program? ☐ Y ☐ N

8. For Female Adult SA individual:

Is this consumer being admitted to a CASAWORKS Residential program? ☐ Y ☐ N

9. For Adult SA individual:

Is this consumer being admitted to a Work First program? ☐ Y ☐ N

10. Is this consumer also a TASC client? ☐ Y ☐ N

11. For Adult SA individual:

Is this consumer receiving or expected to receive methadone treatment? ☐ Y ☐ N → (skip to 12)

b. What is the current methadone dosage?

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 mg (enter zero, if none and skip to 12)

c. For dosage level of Methadone greater than zero:

Please describe the current methadone dosing:

☐ Induction ☐ Stabilization ☐ Taper

Begin Interview

12. Are you of Hispanic, Latino, or Spanish origin?

☐ Y ☐ N

13. Which of these groups best describes you?

☐ African American/Black

☐ Alaska Native

☐ White/Anglo/Caucasian

☐ Asian

☐ Multiracial

☐ Pacific Islander

☐ American Indian/Native American

☐ Other

14. What kind of health/medical insurance do you have?

(mark all that apply)

☐ None

☐ Medicaid

☐ Private insurance/health plan

☐ Medicare

☐ TRICARE/Military Coverage

☐ Other

☐ Health Choice

☐ Unknown

15. In the past 3 months, what best describes your employment status? (mark only one)

☐ Full-time work (working 35 hours or more a week) → (skip to 16)

☐ Part-time work (working less than 35 hours a week) → (skip to 16)

☐ Unemployed (seeking work or on layoff from a job) → (skip to 16)

☐ Not in labor force (not seeking work)

b. If not seeking work, what best describes your current status?

(mark only one)

☐ Homemaker

☐ Incarcerated (juvenile or adult facility)

☐ Student

☐ Institutionalized

☐ Retired

☐ None of the above

☐ Chronic medical condition which prevents employment

16. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

17. In the past year, how many times have you moved residences?

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 (enter zero, if none and skip to 18)

b. What was the reason(s) for your most recent move? (mark all that apply)

☐ Moved closer to family/friends

☐ Moved to nicer or safer location

☐ Needed more supervision or supports

☐ Moved to location with more independence, better access to activities and/or services

☐ Could no longer afford previous location or evicted

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- 18. In the past 3 months, where did you live most of the time?**
- ☐ Homeless ☐ Residential program  
→ (skip to 19)
- ☐ Temporary housing ☐ Facility/Institution  
→ (skip to 19)
- ☐ Private or permanent residence ☐ Other → (skip to 19)  
→ (skip to 19)
- b. If homeless, please specify your living situation most of the time in the past 3 months.
- ☐ Sheltered (homeless shelter)
- ☐ Unsheltered (on the street, in a car, camp)

- 19. How long has it been since you last visited a physical health care provider for a routine check up?**
- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

**20. Females only: Are you currently pregnant?**

- ☐ Y ☐ N ☐ Unsure  
(skip to 21) (skip to 21)
- b. How many weeks have you been pregnant?
- c. Have you been referred to prenatal care? ☐ Y ☐ N
- d. Are you receiving prenatal care? ☐ Y ☐ N

**21. For Female Adult SA individual:**

- Do you have children under the age of 18?** ☐ Y ☐ N → (skip to 22)
- b. Do you have legal custody of all, some, or none of your children?
- ☐ All → (skip to e) ☐ Some ☐ None
- c. Does DSS have legal custody of all, some, or none of your children?
- ☐ All → (skip to g) ☐ Some ☐ None
- d. Are you currently seeking legal custody of all, some or none of your children? ☐ All ☐ Some ☐ None
- e. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?
- ☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)
- f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?
- ☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)
- g. In the past year, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to 22)
- g-2. Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA
- h. Was your admission to treatment required by Child Welfare Services of DSS? ☐ Y ☐ N

**22. In the past 3 months, how often did you participate in ...**

- a. positive community/leisure activities?
- ☐ Never ☐ A few times ☐ More than a few times
- b. recovery-related support or self-help groups?
- ☐ Never ☐ A few times ☐ More than a few times

**23. For Adult MH only individual:**

**In the past year, have you used tobacco or alcohol?**

☐ Y ☐ N

**24. For Adult MH only individual:**

**In the past year, have you used illicit drugs or other substances?**

☐ Y ☐ N → (skip to 26 if 'No' is answered on both questions 23 and 24)

**25. Please mark the frequency of use for each substance in the past 12 months and past month.**

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Drug Codes**

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

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**26. For Adult SA individual:**

If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- ☐ Never  
☐ Within the past 3 months  
☐ Within the past year  
☐ More than a year ago  
☐ Deferred

**27. For Female Adult SA individual:**

If ever, when have you participated in any of the following activities without using a condom?

had sex with someone who was not your spouse or primary partner [or]

knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?

- ☐ Never  
☐ Within the past 3 months  
☐ Within the past year  
☐ More than a year ago  
☐ Deferred

**28. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?**

- ☐ Never  
☐ A few times  
☐ More than a few times  
☐ Deferred

**29. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?**

- ☐ Never  
☐ A few times  
☐ More than a few times  
☐ Deferred

**30. For Female Adult SA individual:**

If ever, when have you been forced or pressured to do sexual acts?

- ☐ Never  
☐ Within the past 3 months  
☐ Within the past year  
☐ More than a year ago  
☐ Deferred

**31. In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?**

- ☐ Never ☐ A few times ☐ More than a few times

**32. In your lifetime, have you ever attempted suicide?**

- ☐ Y ☐ N

**33. In the past 3 months, how often have you had thoughts of suicide?** ☐ Never ☐ A few times ☐ More than a few times

**34. For Adult SA individual:**

In your lifetime, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?   (enter zero, if none and skip to 37)

**35. For Adult MH individual:**

In the past year, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?   (enter zero, if none and skip to 37)

**36. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?**   (enter zero, if none)

**37. Are you under the supervision of the criminal justice system? (adult or juvenile)** ☐ Y ☐ N

**38. For Adult SA individual:**

In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)?   (enter zero, if none)

**39. In the past 3 months, have you...**

a. had telephone contacts to an emergency crisis facility?

- ☐ Y ☐ N

b. had visits to a hospital emergency room?

- ☐ Y ☐ N

c. spent nights in a medical/surgical hospital? (excluding birth delivery)

- ☐ Y ☐ N

d. spent nights homeless? (sheltered or unsheltered)

- ☐ Y ☐ N

e. spent nights in detention, jail, or prison? (adult or juvenile system)

- ☐ Y ☐ N

**40. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?**

- ☐ Not supportive  
☐ Somewhat supportive  
☐ Very supportive  
☐ No family/friends

**41. How well have you been doing in the following areas of your life in the past year?**

	Excellent	Good	Fair	Poor
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**42. Did you receive a list or options, verbal or written, of places to receive services?**

- ☐ Yes, I received a list or options  
☐ No, I came here on my own  
☐ No, nobody gave me a list or options

**43. Was your first service in a time frame that met your needs?**

- ☐ Y ☐ N

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**44. Did you have difficulty entering treatment because of problems with... (mark all that apply)**

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

**45. What services in any of the following areas are important to you? (mark all that apply)**

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Child care
- ☐ Medical care
- ☐ Legal issues

**46. In the past month, how would you describe your mental health symptoms?**

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

**End of interview**

**Enter data into web-based system:  
<http://www.ncdhs.gov/mhddsas/nc-topps>**

***Do not mail this form***

# Attachment I:

## DSM-IV TR Diagnositic Classifications

### Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

### Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

### Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

### Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

### Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

### Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

### Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

### Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

### Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

### Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

### Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

### Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)